

# **Are new specialist practice standards the panacea Community Nursing needs?**

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After more than 15 years the NMC is reviewing standards for specialist practice (NMC 2021). There has been extensive work undertaken to explore what practitioners, educators and employers think about the outdated standards (NMC 2019, Pye Tait Consulting 2020). This work shows how in the past the NMC, through the standards for Specialist Community Public Health Nursing (SCPHN) and Specialist Practitioner Qualification (SPQ) attempted to create an economy of scale by conflating community nursing with public health work. That this did not meet the needs of nurses is evident in the pre consultation evaluation (NMC 2019) and there is concern from children's community nurses (CCN) that the NMC is repeating its error of attempting to construct "generic" standards (Lauder 2021), which allow education providers to deliver potentially more commercially profitable programmes, but which do not meet the needs of nurses, nor people using community nursing services.

For many years community nurses completing Specialist Practice Qualification undertook extensive public health projects which did not prepare them for nursing people within community settings. Equally public health nurses have commented in the NMC (2019) evaluation work how elements such as the v100 (nurse prescribing) were not focused on their practice needs.

Many universities no longer provide SPQ programs for commercial reasons. Generally, what happened with these programmes was a local NHS trust would indicate an urgent need for SPQ courses. The university would recruit a specialist to design and deliver the programme, then after a few iterations the local need would have been met and commissions would fall away. The specialist lecturer would be made redundant, or leave to undertake more sustainable work. This trend was made worse by some employers not recognising the specialist qualification, which they either did not require for promotion and pay progression, or which they ignored in these processes.

While commissioning of community nursing services has been the focus of many reports (Ward and Mulrone, 2015; RCN, 2020) there remains a great deal of variance in the organisation and funding of services. However, despite recognition by the Queen's National Institute (2021) of standards for CCN education and practice there remains an absence of universally agreed frameworks. It is increasingly evident that without universal standards and centrally agreed funding arrangements, service delivery and budget allocation will continue to vary across and within the four nations.

It would seem the draft standards are likely to add to the uncertainty in the sector as they propose a core programme with modules on a particular nature of the SPQ (NMC 2021).

Community Children's Nurses, for example are likely to receive a programme mainly aimed at district nurses with one or two modules focusing on children. The draft proposal to divide SPCHN and SPQ also adds to the jeopardy. Previously community nursing programmes were often made viable by modules which could be taken by both SPCHN and SPQ students, the clearer division of these programmes means a further risk to community nursing programmes.

Whilst new NMC standards provide a universally accepted framework, this in itself will not address the structural and political problems that beset community nursing. What is required is for a campaign to invest in community nursing. This would include investing in education to provide a skilled workforce in a sustainable way. This could be achieved through collaboration between universities to provide SPQ in specialties where local demand cannot be sustained, employing a regional or national approach. Employers and commissioners also need to play their part in agreeing sector wide requirements to promote safe and effective practice relating to educational qualifications and performance reviews.

Commercial models and competition have proven to be destructive and counter-productive. The new standards may afford recognition of community nursing work, but may not be a panacea. Without sector wide collaboration and public finance investment the promise of the NMC to ensure safe and effective nursing for all people in communities as well as hospitals will continue to be just that, an empty promise.

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